

## Food Processing, Marketing and Co-operation Grant Scheme non-capital projects (co-operation, marketing and feasibility)

For official	al use only
Case reference number	Date received

#### **Notes for guidance**

- Before completing this form, read the full scheme guidance on the <u>Food Processing & Marketing</u>
   Grant Scheme Website.
- Complete the form in full, if the information requested is not applicable, please write 'N/A'. If the application is incomplete it will be returned to you, if this is after the application closure date your application may not be processed until the next funding round.
- Failure to provide accurate information may result in recovery of all grant paid, with interest.
- Email your completed application form and supporting documentation to the Food and Drink grants team. If you are unable to submit your completed application and supporting documents by email, then please contact the Food & Drink Grants Team. Please be aware we will be unable to start processing your application until all supporting documentation has been received.

Food Processing, Marketing and Co-operation grant scheme team B1 Spur Saughton House Broomhouse Drive Edinburgh EH113XD

Email: FoodProcessingGrant Enquiries@gov.scot

#### **IMPORTANT**

Grant funding will not be approved or paid should you **incur costs** (with the exception of preliminary costs detailed in the scheme guidance) <u>or</u> **start work** before you receive our written approval to do so.



### Part 1 – Your details 1.1 Business details (As registered with RPID – business registration form (PF01)). Business name Contact name Postcode Business reference number (BRN) Issued by RPID Local authority 1.2 Business contact in case of enquiries – (If different to that at 1.1, you must register this with RPID – business mandate form (PF05)). Contact name

Position

Telephone number

Email address

1.3 Advisory firms (If relevant, you mu	ust register this with RPID – business mandate form (PF05)).
Agent ID – If you don't have an agent I	D, you must complete a business mandate form.
Firm's name	
I IIII 3 Hame	
Adviser's name	
Address	
Postcode	Telephone number
Email address	
Please indicate if you wish the adviser (provided at 1.1 or 1.2).	to be the primary contact rather than the business contact
Yes No	

#### 1.4 Status of applicant/s

Please ind	icate the status of the appl	icant/s	Tick	k as appropria	te
Partnership					
Informal group					
Formal group					
Other (please specify	7)				
Specify:					
1.5 If a partnership o members.	r group, please list the na	ames and addres	ses of all t	he partners/g	roup
	Partner/Group member 1	Partner/Group me	mher 2 Pa	ertner/Group m	ember 3
	Tarthen Group member 1	- Coup me	THE Z T G		CITIDOLO
Contact					
Company name					
Company name					
Address					
Telephone number					
Fax number					
Email					

#### Part 2 - Current business information

### 2.1 Connections to Russia/Belarus Does your business retain any links to Russia and/or Belarus? If your application is a partnership application, this question applies to all businesses involved in the partnership. Yes No If you answered "yes", please provide details. 2.2 Compliance with Employment Law Have you been convicted of any offences under the Agricultural Wages (Scotland) Act 1949, or the National Minimum Wage Act 1998 in the last 12 months? This applies to the business as a whole, and to any company or individual with an ownership stake in the business applying for FPMC support. No Yes If you answered "yes", please provide details.

2.3 Sector				
	ate the <b>main primary agricultural sector</b> which your business support ry sector, whisky supports the cereal sector etc.).	s (i.e. cheese		
	Tick as appropriate	:		
Cereal				
Dairy				
Eggs				
Fruit and ve				
Meat – pleas	Meat – please specify beef/pork/poultry			
Other (please specify)				
	s/enterprise size (if part of a larger group this may have an impact on e size – details of group to be provided at 2.4).	Tick as appropriate		
Micro	0-9 employees, balance sheet less than or equal to €2 million or turnover less than or equal to €2 million			
Small	10-49 employees, balance sheet less than or equal to €10 million or turnover less than or equal to €10 million			
Medium	50-249 employees, balance sheet less than or equal to €43 million or turnover less than or equal to €50 million			
Large	Large 250 or more employees, balance sheet greater than €43 million or turnover greater than €50 million			

2.5 Turnover and employment details of business applying for funding					
Please provide the <b>current</b> turnover of the business and the total employment of the latest finalised/audited annual accounts.	detai	ls as	shc	wn	in
Date of financial year end: mm/yy:			1		
<sup>1</sup> Annual turnover					•
<sup>1</sup> Total assets					
<sup>2</sup> Please provide copies of your most recent finalised/audited annual accounts for the business covering the *last three financial years and tick the box to confirm these have been provided.					
Where your financial year end was <b>more</b> than six months ago, management accounts to cover this period are required. Please tick the box to confirm these have been provided.					
*Number of employees – full-time equivalent (FTE)					
*If applicable provide details of seasonal jobs (FTE)					
* Please complete this section in terms of <b>full-time equivalents (FTE)</b> .  Full-time job (FT) = 30 hours or more per week  Part-time job (PT) = 15 hours or more per week  Two part-time jobs of 15 hours or more per week = one FTE  Seasonal jobs = equivalent to 0.25 FTE					
<sup>1</sup> If the business is a start-up, the net assets and turnover criteria may not apply <sup>2</sup> With the exception of businesses set-up within the last three years it should be to provide the accounts may result in the application being rejected.		ted th	nat f	ailur	re
2.6 Holding or parent company					
If the business is part of a larger group, give the <b>current</b> turnover and employm ultimate holding or parent company – where applicable this information will also determine the enterprise size.  The latest finalised/audited accounts of the holding/parent company are required.	be ι			r the	е
Holding/parent company name					
Holding/parent company financial year end: mm/yy			1		
Turnover					
Please confirm the latest audited accounts have been provided:					
*Number of employees – full-time equivalent (FTE)					
*If applicable provide details of seasonal jobs (FTE)					
* Please complete this section in terms of Full-time Equivalents (FTE).  Full-time job (FT) = 30 hours or more per week  Part-time job (PT) = 15 hours or more per week  Two part-time jobs of 15 hours or more per week = one FTE  Seasonal jobs = equivalent to 0.25 FTE					

#### 2.7 Other public funding previously awarded/received by all partnership/group members

Please list awards of financial assistance from Scottish Government and associated agencies:

- FPMC 2007-2013 and FPMC 2014-2020 awards
- Any other public sector funding over the previous three years (Scottish Government/Scottish Enterprise/Highlands and Islands Enterprise etc.)

De minimis (small amounts of state aid that do not require European Commission approval) – if you are unaware you should contact the relevant awarding body and they will confirm.

Awarding body	Year of	Amount of	Brief project description	De minimis
,a. aig sour	award	award (£)	2.10. p. ojsot docompuon	Y/N

2.8 Equal opportunite Please provide details consideration of any b	siness has considered equal opportuniti identified.	es, including

#### Part 3 – Details of proposed project

#### 3.1 Please confirm which type of project grant support is being applied for:

Co-operation	
Local marketing	
Feasibility	
Marketing - including national fairs and shows	
Innovation - including clusters, process and organisation	
Training	
3.2 Business Plan  Please confirm if you have submitted a business plan along with your application, mandatory however if available we would encourage it to be submitted.  Yes N/A  3.3 Summary of business  Please provide details of the business background.	this is not

3.4 Address of project site
(If different from main location of the business detailed at Q1.1)
Local authority
Address
Postcode
i osicode
3.5 New project
Please give a description of the project; this should include the rationale for undertaking the work.

3.6	Ne	ed fo	r fun	ding

accountant statement.	management board		upported tor/
Please tick to confirm an investment appraisal and suppo	orting statement hav	ve been provided	
3.7 Employment Please detail the number of:	Jobs maintained	Jobs created	N/A
			IN/A
* Number of full-time jobs maintained and those created as a result of the proposed project.			
· ·			
created as a result of the proposed project.  * Number of part-time jobs maintained and those			
* Number of part-time jobs maintained and those created as a result of the proposed project (FTE).      * Number of seasonal jobs maintained and those	` '		
<ul> <li>created as a result of the proposed project.</li> <li>* Number of part-time jobs maintained and those created as a result of the proposed project (FTE).</li> <li>* Number of seasonal jobs maintained and those created as a result of the proposed project (FTE).</li> <li>* Please complete this section in terms of full-time equivalent full-time job (FT) = 30 hours or more per week Part-time job (PT) = 15 hours or more per week Two part-time jobs of 15 hours or more per week = one F</li> </ul>	TE	employment	

# 3.8 Fair Working Practices Please set out the fair working practices already in place within your business.

# 3.9 Fair Work First Please set out the actions you will take to embed fair working practices - as outlined by the Scottish Government's Fair Work First Policy - within your organisation over the course of the grant.

#### 3.10 Current/existing markets

Please provide details of your current markets, including your five largest customers over the previous two years and their percentage of the overall financial sales.

Where relevant you should also provide details of additional factors such as:

- local/short supply chains etc
- · co-operation/collaboration with suppliers, markets/consumers
- provenance
- sustainability
- · accessibility

•	healthier food and drink products

#### 3.11 New products/new markets

Will the project lead to the manufacture of new products and/or develop new markets? If yes provide information which should include consideration of factors such as:

- forecasted additional value (£) of new products.
- what effects will the project have on the products and markets of other companies at a local or national level?
- how has the business prepared for new/emerging markets etc

marketing/markets
supply/demand

the project lead to niques? If yes, plo	ease give details	i.	products, brain	allig alla/or pro	,00000mig

#### 3.13 Local Economy

- Shortening supply chains
- Increased use of local produce/raw materials
- Increased use of local markets for selling the final product
- Making use of locally sourced by-products
- Benefits to the wider local economy

# 3.14 Environmental Sustainability Please set out the actions already taken within your business to reduce and minimise its' environmental impact, and support Scotland's requirement to reach net zero emissions by 2045.

#### 3.15 Transition to Net Zero

Provide information setting out how your proposed project will support Scotland's requirement to achieve net zero emissions by 2045, by reducing the ratio of emissions to product produced – for example:

- · Embedding circular economy principles
- Use of more efficient machinery
- Use of renewable energy
- · Reducing the amount of waste in the production process
- · Reduction in food miles
- · Reduction in waste produced
- Sustainable sourcing of inputs
- Shortened supply chains

#### 3.16 Health

Please describe how your business/project/products will contribute to a healthy balanced diet – for example, by supporting the Revised Scottish Dietary Goals by reducing calories, fat, saturated fat, sugars and/or salt. Please provide details, including dates, targets and actions etc of aspects which:

- have already been introduced
- which are planned to be introduced

<ul> <li>support the procurement of healthier products for sectors where nutritional standards have beer set, e.g. healthcare settings and schools</li> </ul>
Alcohol – there are specific conditions for alcohol-related projects which are detailed in the scheme guidance, please confirm you have read and understood these conditions.
Yes N/A

#### Part 4 – Outcomes, timescales and finances

Be aware that work <u>must not</u> commence until <u>after</u> you have been notified that you can do so.

Please make sure dates provided below take into account:

- · assessment appraisal time
- potential approval date (approx. three months from the application closure date)
- · outstanding planning permission/building warrants which need to be obtained
- any other regulatory requirements e.g. SEPA consent etc

#### 4.1 Proposed objectives/outcomes

Please provide details of the objectives/outcomes as a result of this project expected three years following completion, such as:

- · jobs created
- jobs safeguarded
- additional sales/product lines etc
- increase in turnover
- amount of calories, fat, sugar or salt removed from your products
- · embedding fair working practices

Please note – these objectives/outcomes will be considered against the other information provided within this application and will also be used to monitor successful projects following completion. So **please make sure they are measurable** (i.e. "Create five FTE jobs by December 2021"). Please add lines/pages as required.

	Objective/outcome description (add additional lines as required)	Target date - mm/yy (max. years following completion)
1		
2		
3		
4		
5		
6		

	Objective/outcome description (add additional lines as required)	Target date - mm/yy (max. years following completion)
7		
8		
9		
10		
4.2 Es	stimated start and completion dates	
Exped	cted start date (mm/yy) Expected completion date (mm/y	/y)
4.3 M	ilestones	
	the above timetable, please set out the schedule of activities	
Desc	cription	Start Date – mm/yy
I		

Description	Start Date – mm/yy

Description	Start Date – mm/yy

#### 4.4 Business forecast/projections for three years following completion (Co-operation and Marketing projects only)

Tick to confirm detailed profit and loss, cash-flow projections and balance sheet projection have been provided in support of these projections – this may be a separate document or part of a business plan.

Year				
Profit and loss:				
Turnover				
Gross margin				
Net margin before depreciation				
Profit/loss before tax				
Profit/loss after tax				
Balance sheet:				
Fixed assets				
Liquid assets:				
Bank				
Other				
Other current assets:				
Other				
Current liabilities:				
Bank overdraft				
Other				
Net current assets/ (liabilities):				
Long-term liabilities:				
Net assets:				
4.5 Please provide details categories:	of t	he costs of the pro	oposal, broken down by	the following
Consultancy costs				
Travel and subsistence				
Research and development				
Product presentation				
Other (please specify)				

4.6 Project costs / Quote tracker. Please use additional pages as required - these can be downloaded from the <u>Rural Payments and Services website</u>.

Costs should be supported by three comparable quotations.

- If <u>less</u> than three quotes have been submitted (i.e. no other suppliers or companies refused to quote) please provide justification/evidence.
- If the lowest quote is <u>not</u> the preferred quote (i.e. item requires to be compatible with existing equipment) please provide justification/evidence.

Actual cost item(s):	ctual cost item(s): Preferred and first quote set		Second quote set		Third quote set		
	Quote value (£)	Supplier name and quote ref.	Quote value (£)	Supplier name and quote ref.	Quote value (£)	Supplier name and quote ref.	Justification/evidence

	İ	İ	Ī	
TOTAL:				

Please give details of how the project loans/other grants etc /other public se terms and conditions relating to the fir application provision of these will be a successful. A letter of comfort may be required to secure a loan.	ctor support/other sources on nancial assistance received. In additional specific condition	of funding, confirming If unavailable at the on of grant if your app	the amount, time of olication is
Own funds: Own capital/loans/private investment etc.		(£)	Evidence provided
Granto cocurad/anticipated:		(6)	
Grants secured/anticipated:		(£)	
Food Processing, Marketing and Co-operation Grant – funding sought			
Is payment of any part of the total eligible costs being sought from, or given by, any other public source? If yes, please provide details below:		Yes No	
Other grants:		(£)	Evidence
Source	Secured/anticipated		provided

4.7 Project funding package

If you are awarded grant aid, when will claim(s) for payment(s) be submitted?			
Awards will be based on these dates – make sure this information is relevant by taking into consideration submission dates, assessment time and potential award date.			
Date of claim (MM/YY)	Amount to be claimed (£)		

4.8 Claim dates

Please give any further information which you feel is relevant to your application and not covered elsewhere.	4.9 Further information
	Please give any further information which you feel is relevant to your application and not covered elsewhere.

#### Part 5 - Declaration (To be completed by ALL applicants)

I hereby apply for grant in respect of the details question 4.6 of this form and declare that:

- I am authorised to sign this application form. Refer to the privacy statement on the Scottish Government website at: <a href="https://www.ruralpayments.org/publicsite/futures/privacy-policy/">https://www.ruralpayments.org/publicsite/futures/privacy-policy/</a>
- I undertake to meet all obligations in relation to planning permission and any other certificates or consents required. I also undertake to meet any obligations regarding hygiene, animal welfare and environmental protection that exist at present, or in the future.
- I undertake to notify the Scottish Government in advance of making any changes or modifications/variations to the project as detailed in this application form.
- I confirm that no work on this project has been carried out. Any work on the project will not commence before the date specified in writing by the Scottish Government.
- I understand that the information given in this application may be used for monitoring and evaluation purposes.
- I confirm that the information contained in this application is true to the best of my knowledge and belief. I accept that making a false or misleading statement or a fraudulent claim in relation to this scheme may lead to grant being refused or reclaimed and may lead to prosecution.

Signature
Name (print in block capitals)
Position in business
Date
D D M M Y Y Y
Agent ID (if appropriate)
Agent to (ii appropriate)